

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner

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**Public Health**  
Prevent. Promote. Protect.

updated 2/2011

### APPLICATION FOR A PERMIT TO OPERATE AN INDOOR SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to 105 CMR 435.000 MINIMUM STANDARDS FOR SWIMMING POOLS CHAPTER V OF THE STATE SANITARY CODE.

OWNER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
STREET CITY ZIP

CERTIFIED POOL OPERATOR: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

SOURCE OF WATER: \_\_\_\_\_

IF PRIVATE WELL, PLEASE SUBMIT REQUIRED TEST RESULTS: \_\_\_\_\_

DISPOSAL OF SEWAGE AND WASTE WATER: \_\_\_\_\_

TREATMENT SYSTEM: (i.e., diatomaceous earth, cartridge filter, etc.,) \_\_\_\_\_

DISINFECTION METHOD: type, capacity, etc. (i.e., chlorinator, brominator, etc.,) \_\_\_\_\_

NO. LIFEGUARDS PER SHIFT: \_\_\_\_ SUBMIT UPDATED LIFEGUARDS CREDENTIALS: \_\_\_\_\_

VARIANCE LETTERS SUBMITTED: YES ☐ NO ☐

REMARKS: \_\_\_\_\_

PURSUANT TO M.G.L. CH. 62C, SEC. 49A. I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW. I CERTIFY THAT I HAVE WORKERS COMPENSATION COVERAGE AS REQUIRED BY LAW.

\_\_\_\_\_  
SOCIAL SECURITY # OR OWNER FEDERAL ID #

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL OR CORPORATE NAME

DATE: \_\_\_\_\_

PLEASE SUBMIT APPLICATION AND FEE OF \$300.00 PER POOL PAYABLE TO THE "CITY OF NEWTON"

